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Bib Data Sheet

CONFIRMATION NO. 2739

SERIAL NUMBER 09/194,049	FILING DATE 05/06/1999 RULE	CLASS 359	GROUP ART UNIT 3662	ATTORNEY DOCKET NO. 1384.1006/JD
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APPLICANTS

HANS POISEL, LEINBURG, GERMANY;

** CONTINUING DATA *****

This application is a 371 of PCT/DE97/01346 06/27/1997

** FOREIGN APPLICATIONS *****

GERMANY 196 25 870.7 06/27/1996

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	DRAWING 1	CLAIMS 8	CLAIMS 1
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

AIR MAIL

Hans Poisel
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Leinburg,
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TITLE

DEVICE FOR RECEIVING OPTICAL SIGNALS WITH A LIGHT GUIDE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
RECEIVED 1100		

FILE NUMBER	FILED DATE	CLASS	GROUP AP. UNIT	ATTORNEY DOCKET NO.
09/194,049	05/06/99	359	3642	1384.1006/JD

APPLICANT

HANS POISEL, LEINBURG, FED REP GERMANY.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/DE97/01346 06/27/97

FOREIGN APPLICATIONS***

VERIFIED FED REP GERMANY 196 25 870.7 06/27/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/25/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	Sheets Drawing 1	Total Claims 8	DEPENDENT MS
Verified and Acknowledged Examiner's Initials	Initials				

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TITLE

DEVICE FOR RECEIVING OPTICAL SIGNALS WITH A LIGHT GUIDE

FILING FEE RECEIVED \$970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tim <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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